

COUNTY OF PLACER  
**DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
**COMMUNITY HEALTH**

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TO: All Interested Parties  
FROM: Placer County HHS - Prevention Program  
DATE: August 30, 2006  
SUBJECT: Request for Friday Night Live Proposals  
*Helping young people grow up healthy, caring, and responsible!*

Placer County Health and Human Services, Strengths and Assets Promotion (SAP) is accepting Friday Night Live funding proposals. Proposals should utilize a youth development approach that meets youth needs while building competencies to become successful adults. This approach views youth as resources to their community building on their strengths and capabilities.-

#### GRANT PURPOSE

Placer County Friday Night Live works to reduce, postpone, or eliminate problem behaviors including drug and alcohol use, violence, teen pregnancy, truancy, and gang involvement. Grantees provide youth with the opportunity for meaningful participation in a caring and supportive atmosphere. Such experiences enhance personal capabilities and prepare them for the future. Youth should be key planners and organizers of the project.

#### GENERAL INFORMATION

- Grants will be awarded up to a maximum of \$2499.00
- Applications will **only** be accepted **until 5 p.m., Friday September 29, 2006** (Late applications will not be accepted.)
- Grant funding cannot be used to support activities during curriculum time.
- Funds must be spent prior to June 30, 2007.

#### If Awarded:

- Grantee will submit an invoice for payment to initiate the funding process to begin project. Generally, funding takes three weeks from the time the invoice is received.
- Grantee will provide a brief final report and budget on project activities and participants.
- *Grantees that do not turn in brief monthly reports as well as a final report will not be considered for future funding requests.*

TELL US ABOUT THE FNL ACTIVITIES:

Mark the most appropriate program: **FNL KIDS**-*grades 4-6*    **CLUB LIVE**-*middle school age*  
**FNL**- *high school age*

Main contact person: ..... Phone: .....

E-mail: ..... Work/cell phone: .....

Organization/ School: .....

Ages of Youth participating:    5-9 years    10-12 years    13-15 years    16-18 years

Address, City, State, Zip: .....

PLEASE ANSWER EACH OF THE FOLLOWING QUESTIONS - *ATTACH NO MORE THAN TWO PAGES.*

1. Give us an overview of the youth group's purpose. Does your group already exist or is it a newly formed group?
2. Tell us about the project(s) you'd like to do. Why is the project or activities important to the group? Clearly describe the activities.
3. How are youth involved in designing, organizing, and implementing the project? Please provide details so that we can understand how youth are included in activity planning and the type of leadership roles they will hold. When, where, and how often will your activities take place?
4. How will you recruit interested youth?
5. How many youth do you anticipate will participate?

**BUDGET - HOW WOULD YOU SPEND THE MONEY? BE AS SPECIFIC AS POSSIBLE.**

- Total cannot exceed \$2499.00
- Funding for an advisor may not exceed \$25/hour
- Maximum allowance for equipment is \$500
- List items clearly (can use table below or use a separate attachment)

Item(s)	How Much?
TOTAL	

**ADDITIONAL FUNDING INFORMATION:**

1. Please tell us about other funding you've requested and whether or not you've received it.
2. If you are purchasing equipment, who will own the equipment?

**AS AN FNL APPLICANT, I UNDERSTAND AND AGREE TO THE INCLUDE ONE OR ALL OF THE FOLLOWING COMPONENTS IN ALL OF THE FNL ACTIVITIES:**

- ☐ Incorporate youth driven and youth led activities (*ie. interactive opportunities to promote youth-led ideas and youth decision-making*)
- ☐ Help young people develop skills and resilient traits (*ie. conflict resolution facilitation skills, action planning*)
- ☐ Provide meaningful and caring relationships between youth and adults.
- ☐ Provide safe, healthy, fun, and supportive places for youth

As a FNL club I will submit the required *monthly* reporting documentation to Placer County HHS, Strengths and Assets Promotion Program. I understand that Grantees that do not submit monthly reports will not be considered for future funding requests. I understand that All FNL activities must have standard logos on all promotional materials.

_____	_____	_____
Chapter Advisor (Print)	Signature	Date
_____	_____	_____
Youth/Student (Print)	Signature	Date

If you have any questions, please call Amy/Kara at (530)889-7179 or Shari at (530)889-7238 or River at (530)546-1924 in Tahoe.

**Please send applications to:**  
Strengths and Asset Promotion  
11484 B Avenue  
Auburn, CA 95603